NATIONAL BUREAU OF ECONOMIC RESEARCH

MORTGAGE LOAN EXPERIENCE CARD (C.B.)

FINANCIAL RESEARCH PROGRAM

A. 2591 483 00320

B. Location of property: State Rhode Island County Providence City or town Providence

C. Type of property (check one)

1 ☒ One-family, no business
2 ☐ Two-family, no business
3 ☐ Three-family, no business
4 ☐ Four-family, no business
5 ☐ Business and 1- to 4-family
6 ☐ Apartments, no business
7 ☐ Apartments and business
8 ☐ Office building
9 ☐ Store only
10 ☐ Store and office
11 ☐ Manufacturing and industrial
12 ☐ Vacant lot or land
13 ☐ Other (please specify).....

D. Type of loan at time of making (check one)

1 ☐ FHA
2 ☒ Conventional, fully amortized
3 ☐ Conventional, partially amortized
4 ☐ Conventional, non-amortized
5 ☐ Veterans Adm. guaranteed or insured loan

E. Original schedule of payments (check)

		Prin.	Int.
1	Monthly	☐	☐
2	Quarterly	☐	☐
3	Semi-annual	☒	☒
4	Annual	☐	☐
5	None	☐	

F. Is this a purchase money mortgage? Yes ☐ No ☒

G. Is this a real estate sales contract? Yes ☐ No ☒

H. Original loan: (1) Year loan was made 1926

(2) Amt. $ 4000 (3) Appraised value $ 7000

(4) Contract term (in years) 20

(5) Contract rate of interest 6 %

(Do not write in these boxes)

a	1
b	57
c	
d	
e	

I. Subsequent modifications in loan or sales contract:

Month and Year of Modification (1)	Unpaid Balance at Time of Modification (2)	Changes in Outstanding Balance: Advance of Additional Funds (3)	Reduction of Principal: By Compromise (4)	Reduction of Principal: By Payment (5)	Extension of Contract Term (in yrs.) (6)	Change in Contract Rate of Interest (7)	Changes in Loan Type (see D above) (8)	New Appraisal (9)	Unpaid Balance after Modifications (10)
First	$	$	$	$		to.....%		$	$
Second						to.....%			
Third						to.....%			

J. Loan status: (1) Still on books (state unpaid balance) $..... (2) Paid off (year) 1927

(3) Transferred to HOLC (year)..... (4) Loan sold or assigned (year).....

(5) Title acquired (year).....; by foreclosure ☐; by voluntary deed ☐

(If property was acquired *and* sold fill in Schedule K on reverse side of this card)

(Do not write below this line)